

FILED AUG 7 1941 45

State File No.

Registration District No. 8 45

Primary Registration District No. 6162

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Hamden, Washington Tl.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 9 months 19 days
(Specify whether)
In this community same
years, months or days

8. (a) PRINT FULL NAME

Albert Yost

8. (b) If veteran,
name war 220

8. (c) Social Security
No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mathew Yost 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased May 2 1845
(Month) (Day) (Year)

8. AGE: Years 96 Months 2 Days 4 If less than one day
hr. min.

9. Birthplace unknown O Massine
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Salesman

11. Industry or business Shoe store

MOTHER FATHER { 12. Name Frederick Yost
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Janette Schupp
15. Birthplace Bordow Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Blair Reed
(b) Address

17. (a) Burial (b) Date thereof July 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, MO

18. (a) Signature of funeral director Thos Funeral Service

(b) Address Nevada, MO

19. (a) W. H. H. (b) W. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis 108
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 614 W. 2nd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1941 hour 8 minute 45 A M.

21. I hereby certify that I attended the deceased from June 17, 1940 to July 6, 1941;
that I last saw him alive on July 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chc myocarditis

Due to Generalized arteriosclerosis

Due to Senile dementia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm J. Cramer (M. D. or other) D

Address Sedalia Date signed 7/6/41

RECEIVED

District Health Officer No. 7,

District

Date Filed

8-41-1243

8-5-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Allen V. Hays

Licensed Embalmer No. *1968*

P. O. Address *Nevada, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.